

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/13/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152580		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/08/2012	
NAME OF PROVIDER OR SUPPLIER DSI CENTRAL FT WAYNE RENAL CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1940 BLUFTON RD FORT WAYNE, IN 46809			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
V 000	<p>INITIAL COMMENTS</p> <p>The was an ESRD federal complaint investigation.</p> <p>Complaint IN00104067 - Unsubstantiated: Lack of sufficient evidence.</p> <p>Date of survey: 3/8/2012</p> <p>Facility #: 003241</p> <p>Medicaid #: 200827190A</p> <p>Surveyor: Susan E. Sparks, PHNS</p> <p>DSI Central Fort Wayne Renal Center is in compliance with 42 CFC 494.70 Patients' Rights, 494.90 Patient Plan of Care, and 494.100 Care at Home as it relates to this complaint.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN March 13, 2012</p>			V 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.